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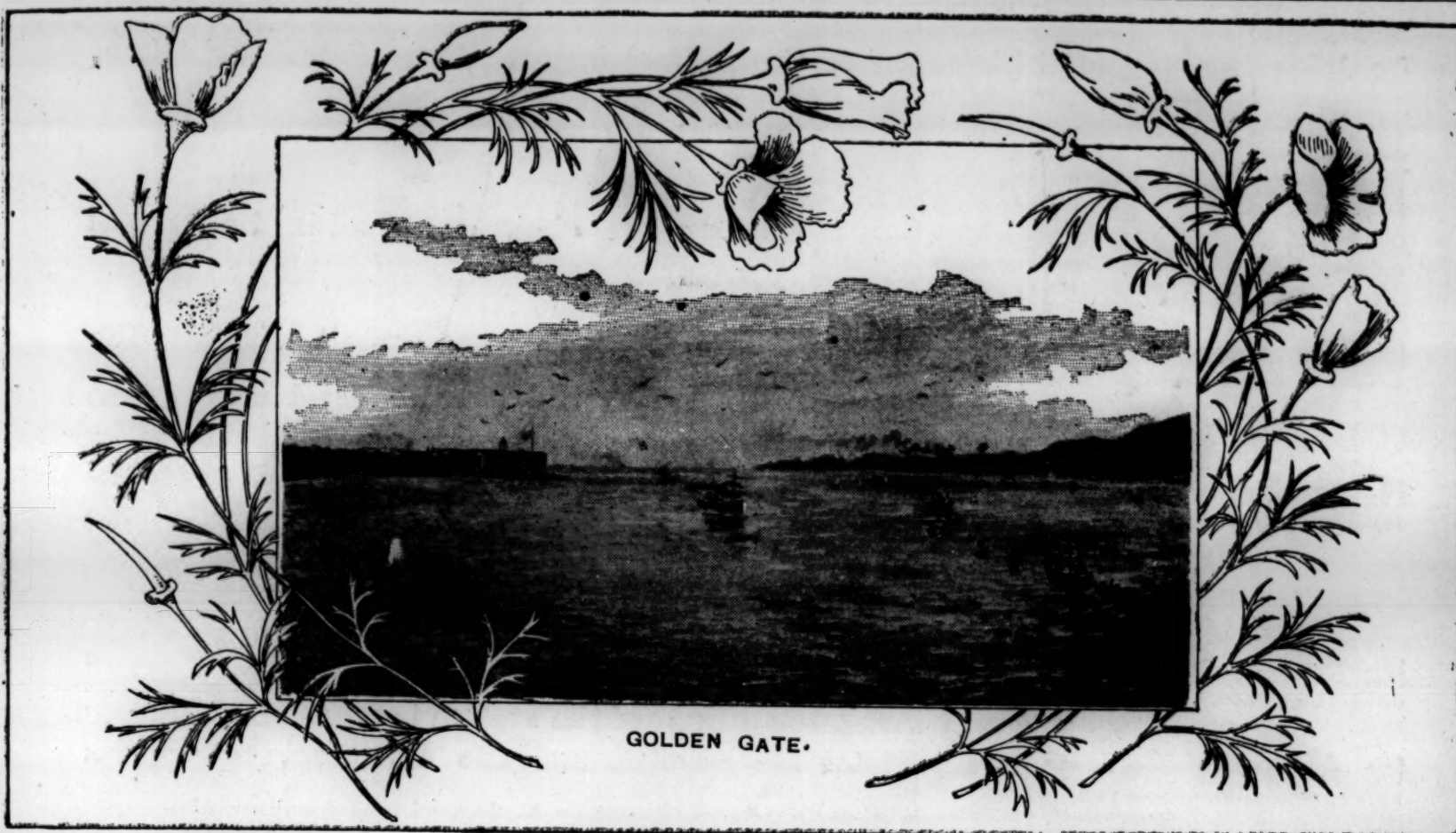
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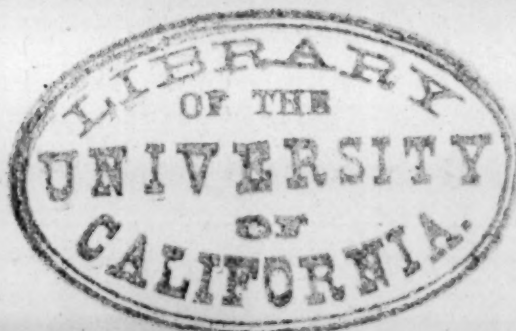


California Medical Journal.

VOL. XVII.

San Francisco, July, 1895.

NO. 7



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California Medical Journal.

VOL. XVII.

San Francisco, California, July, 1896

NO 7

Post-mortem Revelations.

JOHN R. FEARN, M. D., Oakland, Cal.

There can be no possible doubt, that after death examinations have been wonderfully helpful to medical science. Many a doubtful diagnosis has been cleared up, and many a pathological wrong, never suspected during life has been discovered by the saw and scalpel after death. I remember hearing a discussion in a large hospital many years ago. It was at the breakfast table; at that table sat two men, both suffering with serious organic heart disease. One of the two was considered by the physicians to be improving the other case seemed to be hopeless. The first one said to his fellow "I am doing well, and when you die they will open you to see what they can find to help me." The next morning I heard the death bell and found that the very hopeful and improving man had passed away. Considering how much can be learned from autopsies it is unfortunate that there should be such a feeling of prejudice against them. But when the case is properly

presented it is the belief of the writer that there will be few refusals.

It is the purpose of this paper to call attention to the result of four autopsies.

CASE I. A gentleman came to this city some two years ago, under sixty years of age. He had been complaining for sometime of irregular heart action and difficult breathing. His physician did not seem able to define the man's condition, so he called upon me.

Upon questioning him as to the history of the case, he said that less than a year before I saw him he was chopping at the wood pile in the early morning when suddenly he felt as though something had given way in his heart, and from that time he dated all his suffering. Before that he had no trouble.

Upon examination his pulse was found feeble; lips cyanotic; countenance anxious, and of a leaden hue to a dirty white; breathing short and irregular. Percussion revealed no spe-

cial enlargement. But auscultation showed very plainly mitral regurgitation, with that peculiar sharpness to the bruit that creates suspicion of calcification.

Believing the case to be hopeless, I so informed the patient, and advised that he attend to any business that needed attention. He was a very intelligent man having long been judge in his native town, and having quite a little knowledge of medicine. He thanked me for my faithfulness, and said he believed I was right. He said he wished me to take care of him while he lived and hold an autopsy after his death. He lived about four months. Autopsy showed: Mitral valve partly calcified; columnæ carneæ, calcified; and this degeneration progressing through the left ventricle. The largest one of the columnæ carneæ was broken from its lower attachment and hung loose. The question arises, was it this cord that broke when he was violently exercising? In this case the autopsy proved diagnosis of mitral regurgitation correct. It also proved that regurgitation was caused not so much by valvular insufficiency as by the fact, that through the calcification of columnæ carneæ and mitral valve the valve could not be closed, hence the regurgitation.

CASE II. Over a year ago a merchant called upon me for help. He had used ardent spirits and malt liquors freely for years. He was very plethoric. Examination showed: Appetite, digestion and assimilation in good order; bowels regular; kidneys normal; pulse very feeble; heart sounds regu-

lar, but faint; very weak, not able to take much exercise; had been forced to retire from business. I told him that smoking in which he indulged very freely also drinking must be given up, and that I could help him by making him more comfortable, but I believed his heart trouble could not be cured. In a little time I had him where he neither used spirits nor smoked, though he took his beer. His general condition improved so that he could take long walks with comfort, though the heart was still very feeble.

About eleven months after this, he began to suffer with chronic bronchial catarrh, attended with pulmonary congestion. His appetite failed, he began to lose flesh rapidly. Soon from increasing congestion of the lungs, caused by heart weakness, he began to have hemorrhages. These were controlled and having lost so much flesh it was comparatively easy to hear a bruit over the tricuspid valve, and so far as the heart lesion was concerned, we diagnosed it as a case of tricuspid insufficiency with regurgitation.

Soon after this he died, the immediate cause of death being pulmonary oedema. Autopsy showed a heart that had been incumbered with a great amount of fat, now normal in size but walls very feeble. The wrong of the tricuspid was discovered not to be a smallness of the valve, but a polypus attached to the auriculo-ventricular opening prevented the complete closure of the opening, therefore the regurgitation. I might say this polypus was nearly two inches long by one inch wide, and in addition there was a veg-

etation some three inches long which during life would interfere with normal circulation.

CASE III. A poor woman was brought from a hospital in San Francisco, and placed under my care, May 6th 1896. At first glance it was easy to see her days were numbered. Examination showed, pulse very feeble; face wore very anxious expression; lips cyanotic; breathing labored; lower extremities swollen with dropsical effusion; fingers bulbous at extremities. I told them she could not live, but I would try to improve her conditions. Her previous medication seemed to have been *hydrargyrum cum creta* with stimulants. Under the influence of spec. *strophanthus* her pulse gained in force, her urine increased in quantity, her breathing was less labored, and the diarrhoea stopped. She died May 12th, 1896.

Autopsy revealed a remarkable state of things, such that nothing but an autopsy could have revealed. On lower portion of mitral valve there was a fan shaped vegetation about one and one half inches long. On upper portion of mitral valve there was a polypus about four inches long projecting into the aorta, one polypus on the tricuspid valve, and on the anterior wall of the right auricle. In the appendix auriculæ there was a small abscess containing about a half fluid drachm of creamy laudable pus. I submitted this heart to Prof. Church, M. D., and he declares it to be a remarkable case, and so far as the abscess is concerned he never saw anything like it. Frequent autopsies might prove this condition not so rare as it seems to be.

CASE IV. I was called in council by Geo. H. Derrick, M. D., of this city. The patient was a male about middle life, and the man's condition had given rise to considerable comment having had the advice of quite a number of physicians. Dr. Derrick managed the case with good judgment, and yet he continued to fail. When I was called the patient was in a comatose condition, breathing very slow, partly conscious at times. The history of the case as given me is too long to incorporate here, and as I merely wish to make a point of after death examinations, will say that I gave my opinion after two careful and prolonged examinations, that it was a case of progressive cerebral degeneracy, and that I believed that an autopsy would show the presence of a tumor in the posterior and inferior portion of the left cerebrum. The man soon after died and through curtesy of Dr. Derrick I was present at the autopsy and we found a marked condition of cerebral softening; in fact the whole cerebrum was soft as paste. On lifting out the brain, a tumor was discovered in the posterior and inferior position of the left cerebrum. The tumor was larger than a walnut, it was becoming disorganized and the brain surrounding it seemed to be gradually liquefying.

The three first cases of autopsy in this series were performed by my son John R. Fearn under the direction of W. B. Church, M. D., and myself, and to each one of us the cases were wonderfully interesting and paid us well for all our trouble.

In conclusion let me urge my med-

ical friends to more frequently ask the privilege of autopsies, especially in cases where there is doubt as to the correctness of the diagnosis, and if

your experience be as mine, the experience will be attended by both pleasure and profit.

Report of Surgical Work, From Practice.

C. E. CASE, M. D., Tacoma, Washington.

Dear Editor—In response to your request for a report of surgical work, I submit the following cases from my practice in the hope that they may prove interesting to the readers of Our Journal.

Mrs. K——, age 36 years, resident of North Yakima, entered St. Joseph's Hospital suffering with carcinoma of left breast and was operated upon by me with the assistance of Drs. E. M. Brown, T. C. Rummel and C. E. Taylor.

An incision was made encircling the diseased breast which was continued to the upper border of the axilla and from thence down the arm to the lower border of the humeral attachment of the pectoralis major muscle. Another incision was now made commencing just above the clavicle and at the junction of the outer with the middle third of this bone perpendicularly downward meeting the former incision at right angles. Then flaps were reflected and the pectoralis major and minor muscles in their entirety were removed together with tumor, all fat and infraclavicular, subclavicular, and axillary glands. After thorough ligation of all bleeding vessels, the large wound

was irrigated with sublimate solution, one to five hundred, followed immediately by irrigation of a milder solution one to three thousand. A large closed clamp was then pushed through the tissues bulging out the skin at a point removed from the raw skin margins of the wound at a location favorable for drainage through which after perforating the skin a large aseptic rubber tube was drawn into place by the clamp. The proximal end of the tube was so placed as to favor free drainage from the depths of the wound cavity. The skin margins of the wound were then brought as closely together as possible by means of silkworm gut sutures with the addition of several "relaxation" sutures placed about three inches from the skin margins and about the same distance from each other. Aristol was then dusted freely over the wound, and Lister's "protective" was placed over the raw surfaces and the usual antiseptic dressings applied, covered with oil-silk and spica-roller bandage.

The dressings have been changed four or five times since operation and at this time five weeks after operation

the patient has returned to her home cured, with but little impairment of motion in arm.

Van Rausselaer says: (Medical Review, April 18th, 1896.) There is one fact which should be held in mind; that at first a cancer of the breast is a local degeneration, which extends, in the direction of least resistance, toward the surface, before there is any invasion of the deeper structure or lymphatic glands. A radical operation before the infiltration has begun to extend downward will result in a cure in most cases.

The older operations were incomplete and did not succeed because all cancerous tissue was not removed. The infiltrated gland was removed by close dissection, and there was almost always an infection of the external incisions.

Surgical conservatism has no place here and pretenses at such must be condemned. There is only one thing to do. Remove every vestige of cancerous tissue. When this is done a large per cent of cures occur.

The proper operation is a complete excision of all tissues possibly infected—entire breast, fat, axillary glands, clavicular glands and pectoral muscles.

Mr. B. M——, was operated upon for scrotal hernia, of the oblique inguinal variety, in the following manner: Incision parallel with and a half inch above Poupart's ligament for four inches. The hernial sac separated from its connection by careful dissection. The sac was then opened and the contents liberated and returned to the abdominal cavity. While two fin-

gers of the left hand were kept in the sac to steady it and to assist in making traction upon it the latter was freed from its attachments at the internal ring and it was drawn forcibly downward and tightly ligated with strong aseptic silk and the distal portion cut away one half inch from the ligature. The cord was raised up out of its canal while all the structures were sewed beneath it, chromated catgut being used for that purpose and then was laid down upon the external oblique muscle. The skin and subcutaneous tissues were then brought together over the cord with silkworm-gut sutures. An antiseptic dressing was applied, retained in place by a spica-bandage of abdomen and thigh. Patient allowed to get up after three weeks confinement to his bed.

Mr. F. A——, received an injury to his back from the falling of a tree. He was immediately taken to the Fanny Paddock Hospital. He was removed to the City and County Hospital where I operated upon him with the assistance of Drs. E. M. Brown, F. C. Miller, and J. M. Everett.

An incision was made to the extent of eight inches, over the fractured vertebræ, in the mid-dorsal region. The spinal processes and laminæ of the seventh, eighth and ninth dorsal vertebræ were cut away with bone-forceps thus removing the pressure from the spinal cord which had produced paralysis of the lower half of the body the patient not knowing when any movement of the bowel or bladder occurred. Drainage was introduced, the muscles and other soft structures which were

divided were stitched together by "step" suture and an antiseptic dressing applied. Sensation is gradually returning. He has so far recovered as to be able to wheel himself around in a chair whereas before the operation he was perfectly helpless.

Mrs. K——, suffering from incurable malignant stricture of the rectum, was operated upon by me in the following manner: An incision four inches in length was made in the left inguinal region one inch and a half above Poupart's ligament its center being opposite the center of that ligament. After entering the peritoneal cavity two fingers were inserted and a loop of the sigmoid flexure was brought out and its mesentery perforated with a closed hemostatic forceps. A glass rod ("Maydl's bridge") three inches in length was then enveloped in iodoform gauze and caught in the jaws of the forceps and drawn through the mesentery beneath the loop of protruding bowel, the rod crossing the external (skin) wound at right angles, its ends resting upon compresses of iodoform gauze interposed between the rod and the skin to prevent pain and excoriation. The peritoneum of the protruding loop of bowel was now stitched to parietal peritoneum and muscles all round thus shutting off the peritoneal cavity and causing a sharp flexure of the bowel so as to provide a prominent "spur" for the purpose of directing the feces on to the abdomen and thus preventing them from again entering the rectum. A strip of iodoform gauze was then placed around the gut between it and the skin to prevent its

forming adhesions to the latter.

Forty-eight hours after the completion of this operation the patient was again placed on the operating table and without anæsthesia the gut was opened by a longitudinal incision on its prominent convex surface and after removal of the glass rod, it was stitched to the margin of the skin. This is a very simple operation, quickly executed and no doubt prolongs life considerably, to say nothing of the relief from pain it affords by diverting the feces from the seat of disease in the rectum.

Mrs. N——, was treated for two years by competent physicians for cystitis. The usual remedies were used by mouth as well as several by injection into the bladder, with little if any relief. Upon consultation it was determined to try surgical means and she was therefore turned over to me for operation. I sent her to St. Joseph's Hospital, where I opened through the vagina into the bladder, thus creating a vesico-vaginal fistula. Six months after this operation I had her go again to the hospital where I closed the fistula by operation. And she is now cured of her bladder trouble.

Mrs. E——, age 53 years was operated upon by me for uterine fibroid after the method lately recommended by Dr. Howard A. Kelly, of Baltimore, as follows:

Opening the abdomen; ligation of the ovarian vessels near the pelvic brim; clamping towards the uterus; and cutting them between; ligating the round ligament of the same side near the uterus; cutting it free; and connecting

the two incisions, in order to open up the top of the broad ligament. Incision through the vesico-uterine peritoneum from the severed round ligament across to its fellow, freeing the bladder, which is now pushed down with a sponge, so as to expose the supravaginal cervix.

Pulling the body of the uterus to the opposite side to expose the uterine artery low down on the side opened up and its separate ligation. The cervix is now cut completely across, just above the vaginal vault, severing the body of the uterus from the cervical stump, which is left below to close the vault.

A repetition of these steps upon the opposite side, (but in reverse order) the uterine artery first being ligated, the ovarian artery last, and then the uterine tumor cut free and removed.

This seems to me to be preferable to Baer's method, in which the ovarian artery of each side is first ligated and then the clamp, or ligature, applied close to the uterus on each side with division of both broad ligaments and the uterine artery of each side ligated

"in the dark," so to speak, instead of dissecting it free so that it can be seen before the ligature is applied.

The separation of the peritoneum from the lower portion of the uterus differs but little from Baer's method and the suturing of the cervix and the peritoneum over all raw surfaces is the same as that recommended by the last mentioned surgeon.

From my experience with this single case I think it much easier than in those cases where I have resorted to the Baer method.

This makes seventeen hysterectomies that I have done. Eleven were done by the abdominal route and six per vagina. The latter operations were done by ligature, clamp, and enucleation (Pratt) method. The former by the extra-peritoneal (Bantock), supra-vaginal (Baer), and the complete methods. One of the complete operations was done by the so-called "mixed" method, viz., ligation of the uterine arteries and severing the ligated tissues free from the cervix uteri on each side through the vagina, and then completing the operation by the abdominal route.

Malaria—Therapeutic Notes.

W. M. MASON, M. D., Lodi, Cal.

During the summer and autumn those practicing in the interior valleys of the state have many cases of malaria to treat and a few notes from my experience with some drugs not commonly used may be of service to those similarly situated.

Most of the cases will yield easily to our ordinary Eclectic treatment with the special sedatives as indicated, and quinine; but there are some which will demand a wider range of remedies.

Among these remedies that have given me good results and about which

not much has been written, are strychnia arsenite, strychnia nitrate, Howe's iron, calcium sulphide and echinacea. Though I cannot give in full the indications for all of these, a few notes may aid others in their further study.

I am quite sure that strychnia arsenate will control conditions not reached by any other salt of strychnia. In those cases where the whole system seems to be vitiated by the malarial poison and especially in those cases where there are some of the indications for arsenicum, the strychnia arsenate will give splendid results. It seems to combine the alterative and reconstructive effects of arsenic with the well known stimulating and tonic action of strychnia. I usually prepare it by adding three to eight grains of the 1 x to a four or six ounce mixture. This may be used in combination with any other remedy or remedies that may be indicated, as podophyllum, hydrastis, leptandra, chionanthus, etc.

In those chronic or sub-acute cases where there seems to be indications for both iron and arsenic I frequently combine Howe's iron with the strychnia arsenate using simple syrup as a vehicle. In well chosen cases the improvement is astonishing.

Echinacea and calcium sulphide I found to be of much value during the acute attack. In those cases showing great vital depression as a result of septic poisoning during a severe attack of malarial fever, echinacea will do much to check the dangerous tendency.

The indications that seem to be best relieved by calcium sulphide are septic poisoning during the acute attack ac-

companied by a foul odor of the breath and skin and a sticky glutinous tongue like that calling for sulphurous acid only the mucous membranes are pale rather than red as in the indications for the acid.

During recovery from the acute attack where a pure tonic is needed, I prefer the strychnia nitrate to the sulphate commonly used. The nitrate is much more soluble and in my opinion has a quicker and more kindly action.

I like the bisulphate of quinia much better than the ordinary sulphate. It is better borne by the stomach, is far more soluble, and therefore much more prompt in its action and it certainly does not cause such severe head symptoms as the sulphate. And last but not least your patients do not know what you are giving, unless you choose to tell them and this is very important after they have been poisoned a few times by the unwise use of quinine.

The Work of Agricultural Experiment Stations.

The stations prosecute abstruse researches in the chemical, biological and botanical laboratory, and carry out more practical experiments in the greenhouse, the garden, the orchard, the farm, the stable and the dairy. They study the laws that underlie the culture of the soil, the use of the fertilizers, the growth of plants and the nutrition of domestic animals and man. They also study the diseases of plants and animals. They endeavor to learn how the information they obtained may be best applied in practice.—"The People's Food—A Great National Inquiry," in June Review of Reviews.

Oleum Olivæ.

M. H. LOGAN, Ph. G., M. D., San Francisco.

Oils are liquid or solid substances characterized by an unctuous feel, inflammability and having the property of making a greasy stain upon paper. They are divided into fixed and volatile oils, determined by their behavior on application of heat. Fixed oils (*olea fixa*), are also termed fatty oils because they form a large part of vegetable and animal fats. Vegetable fatty oils are obtained for general use from the fruits of plants and principally from dicotyledon seeds. They are obtained either by pressure or by boiling in water and skimming off the oil. Volatile oils (*olea volatilia*) are sometimes called distilled oils from their mode of preparation; also essential oils from the fact that they contain in a concentrated state the properties of the plant from which they are obtained. By exposure they absorb oxygen and become resin. They are largely hydrocarbons and are divided into first, terpenes $C_{10}H_{16}$, which are oils of turpentine, oils of orange peel, caraway, nutmeg, anise, thyme, myrtle, etc; second, cedrens $C_{15}H_{24}$, which are the essential—oils of cloves, rosewood, cubebs, calamus, cascarilla, patchouli, etc., and third, calophenes $C_{20}H_{32}$, having calophene and paracajaputine oils.

The fixed oils are divided into eight

groups, as follows:

- 1 Olive oil group (vegetable non-drying oils).
- 2 Cotton seed oil group.
- 3 Linseed oil group (vegetable drying oils).
- 4 Castor oil group.
- 5 Whale oil group (marine animal oil).
- 6 Lard oil group.
- 7 Tallow group (solid fat oils).
- 8 Spermaceti group (waxes).

The olive oil group is composed of almond oil (from *amygdalus communis*), oil of ben (from *moringa oleifera*), colza oil, rape oil (from *brassica campestris oleifera*), earthnut or peanut oil (*arachis hypogæa*), oil of black mustard (from *sinapis nigra*), white mustard (from *sinapis alba*), olive oil (from *olea europæa*), winter rape seed oil (from *brassica campestris*; *brassica napus*), summer rape seed oil (from *brassica præcox*).

A remarkable feature of fat and oils is the close resemblance of their elements in percentage composition. They contain on an average

Carbon.....76 to 79 per cent

Hydrogen.....11 to 13 per cent

Oxygen.....10 to 12 per cent

It will be seen that they are particularly rich in carbon and hydrogen and poor in oxygen.

Oleum Olivæ—Olive oil, a fixed oil, expressed from the ripe fruits of *olea Europæa*, an evergreen tree that stands from fifteen to twenty feet in height. Its principal habitat is on the shores of the Mediterranean sea. The tree has found a congenial climate in California and Australia. The leaves are said to have febrifuge properties and have been used as a substitute for cinchona.

The pericarp or fleshy part of the ripe olive abounds in a fixed oil. The best or virgin oil is obtained from the fruits picked before perfect maturity and immediately pressed. It is distinguished by its faint, greenish hue. The common oil used for culinary purposes and in the manufacture of fine soaps is procured from very ripe olives or from the pulp of those which yielded the virgin oil. In the latter case the pulp is thrown into boiling water and the oil removed as it rises. The inferior kind employed in the arts for the manufacture of common soaps, plasters, ointments, etc., is obtained from the fruit which has been thrown into heaps and allowed to ferment for several days, or from the marc left after the expression of the fine oils. The oil is sometimes obtained by exhausting the pulp with carbon bisulphide CS_2 . The oil is a mixture of three glycerites:

Glycerite of palmitic acid or glyceryl palmitate, $C_3 H_5 3C_{16} H_{32} O_2$.

Glycerite of arachic acid or glyceryl arachate $C_3 H_5 3C_{20} H_{40} O_2$.

Glycerite of oleic acid or glyceryl oleate $C_3 H_5 3C_{18} H_{33} O_2$.

Palm Oil— $C_3 H_5 3C_{16} H_{32} O_2$

(tripalmitin) 28 per cent

Peanut Oil— $C_3 H_5 3C_{20} H_{40} O_2$ (triarachin) 2 per cent.

Olive Oil— $C_3 H_5 3C_{18} H_{33} O_2$ (triolein) 70 per cent.

These three are compound ethers (esters) or salts of triatomic alcohol glycerin $C_3 H_5 3(HO)$.

Palmitin, or more properly tripalmitin, occurs in the more liquid fats, such as palm oil, cocoanut oil, human fat, spermaceti and many waxes. When desired pure it is best prepared from palm oil. To prepare tripalmitin pure palm oil is pressed between linen to remove the triolein, then treat the residue with boiling alcohol and recrystallize from ether. It forms small pearly scales and is a neutral solid fatty body. It has three melting points— 115° , 143° and 145° F.

Arachin (triarachin) occurs in the earthnut (*arachis hypogæa* or peanut) and is sometimes employed as a substitute for olive oil and chicle for table use; as an illuminant, for the manufacture of pomades, etc.; the nut yields 38 to 45 per cent of the oil. It also contains the glycerides of palmitic and hypogæic acids.

Olein (triolein) $C_3 H_5 3C_{18} H_{33} O_2$ —This is the liquid portion of all fixed oils. It is best obtained by boiling in alcohol, which on cooling deposits the more concrete oils. Then on evaporation olein is deposited. Pure olein is colorless, with a slight odor and sweetish taste: Nitric acid converts olein into a deep, yellowish butyraceous mass. If this is treated with hot alcohol a deep orange red oil is dissolved out and a fatty body called

elaidine remains. When exposed to the air olive oil becomes rancid, acquiring a disagreeable odor, a sharp taste, a thicker consistence and a deeper color. This is due to oxidation of the oils, they being reduced to their corresponding acids—oleic, arachidic and palmitic. Adulterations are usually of the oils of poppies, cotton seed, colza, sesamum, linseed and lard oil. Of recent years immense quantities of cotton seed oil have been exported to Italy for the purpose of adulterating olive oil and also large quantities of lard oil have been exported to France for the same purpose.

Test—If a mixture of 20 grains of liquid chromic acid and 10 grains of nitric acid of 40° be agitated in a test tube with 2 drachms of olive oil there will be no oxidation nor disengagement of heat; but at the end of forty-eight hours the beginning of concretion, which takes several days to complete, is established and the reagent is entirely absorbed. The whole mass now becomes blue.

Physiological Action—Fats and oils play an important part in the functions of digestion and assimilation. In the small intestines fatty bodies undergo the emulsionizing process through the agency of the bile and pancreatic juice. This prepares them for the process of osmosis.

Oils or fats applied with friction to the skin will disappear, hence must be absorbed and assimilated. It is a well known fact that inunction of oils or fat promote constructive metamorphosis, not only in dry and scaly skin diseases where the oily part is defi-

cient, but in all chronic wasting diseases as phthisis, paralysis, epilepsy, chorea, mercurial tremor, syphilis, scrofula, chronic dysentery, rickets, chronic rheumatism, neuralgia, badly nourished infants, chlorotic anæmia, spare women and slender people generally. Two or three ounces of olive oil well rubbed in over the surface, generally after a warm bath, and this done at evening just before going to bed will soon show a general bodily gain.

All eruptive diseases are benefited by oily inunctions; with the soothing effect comes a reduction of the surface heat. It is especially recommended in the desquamative stage of scarlet fever. A little carbolic acid or other antiseptic may be added for infectious diseases. Those who are subject to taking colds easily may overcome the susceptibility by a daily inunction of the body with olive oil.

Patients suffering from malnutrition and faulty assimilation, especially the scrofulous, syphilitic and phthisical ones, usually have a distaste for fatty food of any kind. In such cases inunction is the best mode of administration, until a tolerance is established by the way of digestion.

For internal administration in all chronic wasting diseases cod liver oil has for many years held the first place. Not that it has any specific effect on the diseases, but it enters directly into constructive tissue building, and were it not for its persistently disagreeable flavor it might well retain its place, it being composed of the glycerites of oleic, palmitic and stearic acids, buty-

ric and acetic acids, several biliary principals and gaudin, with traces of iodine, bromine and some phosphates.

While olive oil, composed as it is of tripalmitin, triarachin and triolien, has the chief essential constituents not only of cod liver oil but of the fatty tissue of the body also, and has the advantage of a pleasant odor and not an unpleasant taste. The dose is ad libitum, and no artificial emulsionizing is necessary. A teaspoonful of good virgin olive oil may be given to an infant and a half a teacupful may be given to an adult without any bad after effects.

It is indicated in all infantile diseases, marked by a want of vitality, malnutrition or when constipation and irritability of the alimentary canal exists. It is remarkable what a rapid improvement will occur in rickety, constipated bottle-fed babies. Growing children at any age, when subject to colds, coughs, catarrh, etc., should take one or two teaspoonfuls after meals. A half a teaspoonful two or three times a day for a very young infant is a proper dose.

I have recently had a very pleasant experience with a severe case of hemorrhage from the lungs. Mrs. R—, aged about 35 years, mother of three children, had been suffering for about three years with phthisis, with frequent and severe hemorrhages. She said she would lose a pint of blood at a time. She had taken ergot and other astringents until they had no more effect. She was so reduced that she could not take strong drink, so I gave her a few drops of oil of erigeron

and cinnamon on sugar, and passiflora to quiet her nerves. In the morning I put her on olive oil, a tablespoonful at first every hour or two and increased the dose to a half a teacupful three times a day. The hemorrhages ceased rapidly; a simple cough remedy and an occasional few drops of erigeron and cinnamon, together with a glymol spray, was all the other treatment she received. In nineteen weeks she had taken nineteen bottles of olive oil and had gained nineteen pounds. She is still taking the oil and still gains in flesh and weight. From an exhausted consumptive, drained dry with severe hemorrhages, she has become in less than a year a magnificent type of womanly loveliness, weighing 180 pounds. I ascribe all this to the persistent use of olive oil.

Another experience, almost as remarkable and certainly as interesting, is Baby I—, three years old, a delicate, rickety bottle baby, croupy, catarrhal, constipated. The little teeth would rot away as fast they appeared. Withal, a beautiful, delicate, golden-haired girl, surrounded with all desirable comforts, except a nervous, hysterical mother. The most persistent annoyance was constipation. A few months ago I ordered a half teaspoonful of good olive oil to be given three times a day and increase to a full teaspoonful if necessary. I succeeded beautifully in working myself out of a very fine job, but it is a pleasure and worth all the loss to see what a little olive oil can do.

I might cite many more cases where the oil is doing noble work, but the

above will suffice to represent the range of its action.

All my cases of phthisis, syphilis, anæmia from any cause, active or passive, hemorrhage from any cause, get olive oil.

In active hemorrhage from lungs or stomach it soothes the patient quicker than any astringent I have ever used. It is admitted that oils and fats are essential to the construction of tissue and production of heat. Modern researches have proved that they have a necessary office in the production of force. It has been proved by experiment that on a diet of hydrocarbons great muscular effort can be undergone with but little destruction of

muscular tissue. Turkish porters who are remarkable for their muscular strength and endurance live on a diet of fat and rice. The acrobats of Japan, who live on a similar diet, develop enormous muscular power and accomplish feats of strength and agility far beyond most other races.

Elwood Cooper, Santa Barbara; J. P. Smith, Livermore; Frank A. Kimball, San Diego; R. R. Selby, San Barbara county; E. E. Goodrich (El Quito) Santa Clara; Wetmore & Co. (Cresta Blanca) Livermore.

The above persons and firms are manufacturers of Pure California Olive Oils.

Dysmenorrhœa.

C. C. CHAPMAN, M. D., Birmingham, Ala.

Quotation from paper read before the Jefferson County Medical Society, Nov., 1895.

In the treatment of dysmenorrhœa there is a practical exemplification of the fact that the basic essential of all treatment is diagnosis. Having made this accurately as to the variety of the dysmenorrhœa, and as to the local pelvic condition of the uterus, ovaries and tubes, and of the endometric tissues, we are prepared to enter upon a rational plan of management of these troublesome cases.

The treatment may be divided into

that which is most appropriate for the relief of the pain at the time of the flow, and that which is best suited for the interval between menstruation, and to preventive measures. Upon the latter, in my judgment, much depends for the safety of humanity in the future.

The active treatment, or that which is best used at the time of the flow, may be divided into local and constitutional, and consists of rest in bed,

hot vaginal douches and hot applications over the lower abdomen and to the lower extremities.

In the way of medicines, a great many remedies have been employed for the relief of the menstrual pain, but reference will here be made only to a few that have proved serviceable to me. In the neuralgic form, *cimicifuga* has proved very effective, together with the salicylates if the flow is scanty and of a rheumatic type. Five-grain doses of antikamnia in whisky, repeated every five minutes until twenty grains have been given, will nearly always bring relief. Capsules of apiol or aperline, given every two or three hours, in cases of anæmic girls, where there is a scant flow preceded by pain, has rendered me great service. *Viburnum prunifolium*, I suppose, is more prescribed than any other one remedy, and, in conjunction with *cimicifuga*, has given very satisfactory results in my practice. But the remedy that has proven the greatest boon to my patients has been *Dioiviburnia*, given in tablespoonful doses four times daily, beginning four or five days preceding the expected attack, and, after the flow is established, every two or three hours. Of course there are cases in every physician's practice where nothing except a hypodermic of morphia gives relief, but it should always be with extreme trepidation that we administer morphine in these cases, for no condition of suffering to which humanity is heir is more propitiously adapted for establishing the opium habit, and every physician in his daily practice sees

enough victims of direful omen thronging the land to make him shrink from the encounter.

The treatment during the interval is also divided into constitutional and local. The constitutional treatment consists in the correction of defective hygienic conditions, especially in diet, dress, exercise and mental exertion, and regularity in evacuating the bowels. If constipated, purgation with salines are demanded in the congestive type. Marriage is advised in some cases, especially of a neurotic type, but not in the congestive, obstructive and membranous. Almost all patients who have suffered any length of time with dysmenorrhœa have depreciated in vitality, and, of course, need tonics. Among those which have served my purpose best have been some forms of iron, strychnia, mercury, acids and cinchona. A favorite prescription with me, as a constructive tonic, is sulph. strychn., nitro muriatic acid and comp. tinct. cinchona. The iodide potash is of incalculable benefit in that variety do to a chronic ovaritis. During the interval all unhealthy conditions of the uterus and appendages are to be remedied by the proper medical and surgical treatment. The condition most often met with is chronic endometritis, which should be met by cervical dilatation and thorough uterine curettage and packing with iodoform gauze. This is the ultimatum of excellence in the treatment of a large majority of cases of dysmenorrhœa which come under our observation. In the membranous variety the curetting and

packing often has to be repeated, and even in the obstructive variety we sometimes find relapses.

To my mind, electricity should play a very much more important part in the treatment of this trouble than has yet been accorded it, especially in the neuralgic type. In dysmenorrhœa where you have a glistening discharge either from the cervix or endometrium, much good is often accomplished by local applications of iodine and iodized phenol, especially so when there is a soft, flabby uterus with subinvolution. These local applications have a double action for good, viz: that of astringent and healing, and the irritation to the endometrium causes a contraction of the muscular fibres of the uterus, thereby throwing off within itself any debris that may be deposited within its cavity. It appears to me that pelvic massage can be made a potent factor in the treatment of dysmenorrhœa, for massage helps nature to restore to the organs their normal tonicity and vitality, by mechanically removing the obstacles which impede proper circulation. In a case of adhesions with uterus bound down, massage can be of inestimable value in stretching the adhesions, and thus

lifting the uterus up by a movement passive motion-like, repeated until it is placed and held in proper position with a normal circulation, in consequence of which we will have a painless menstruation.

The preventive treatment should begin in early youth and continue until relieved by nature. The first step toward the accomplishment of this prevention should be a radical change in the present system of female education. Upon this point I do not wish to be misunderstood. I am an advocate of higher female education, yet I believe the women of our land would be infinitely better off with an elementary education—and trust their inclinations and opportunities for intellectual improvement in the future, when the stage of maturity has been reached—rather than to pursue the muddled system that is now followed in their education. Contrast for a moment in your mind the strong country-raised girl to those of the large cities; and if it were not for these exhaustless fountains of strength and womanhood to draw from we would have a more rapid deterioration than has already been shown.

A Remedy for Tapeworm.

J. A. MUNK, M. D., Los Angeles, Cal.

Pomegranate bark is a well known remedy for tapeworm; but prepared in the usual form of a decoction it is crude and unpleasant to take. The

bark is also often of an inferior quality and unreliable.

It contains four active principles: Pelletierine, isopelletierine, pseudo-

pelletierine and methyl-pelletierine. The first two have been proven to be tænicides ; the last two are not. When these four principals are promiscuously mingled under the general name of pelletierine, as found in the shops, it is as unreliable and disappointing as the bark.

A French preparation is on the market called Tanret's Pelletierine, which claims to be composed of only the first two alkaloids, that is entirely satisfactory. I have used it in a number of cases with perfect success.

The preparation is a clear, sweet fluid that is put up in ounce bottles, which quantity is a full dose. Delicate women are given one-third less, and children over twelve years of age must only take a half dose. It is mixed with a glass of sweetened water and taken at a single draught. When the medicine reaches the worm it lets go its hold, rolls itself into a ball, in the center of which it hides its head. Sometimes the knotting of the worm is sufficient to excite enough peristaltic action to expel the worm, but in fifteen minutes after a physic should be given, preferably an ounce of compound tincture of jalap mixed in a glass of sweetened water. Naturally it must be expect-

ed that giving birth to such a monster will be attended by considerable travail, and the patient is apt to feel very sick during the operation. There is griping, nausea, sometimes vomiting, dizziness and faintness, but if the instructions are followed the worm will be expelled in from two to four hours.

The symptoms of tapeworm are uncertain and ordinarily unreliable, unless cucurbitina pass in the stools. Yet a worm may be present even when these do not appear. Recently I treated Mr. M——, the proprietor of one of our leading hotels, who had a tapeworm, but had never passed cucurbitina. He had been ailing for years and taken treatment from eminent physicians for stomach trouble without relief, and his case was pronounced possibly of cancerous origin and incurable. He somehow got the notion that he might have a tapeworm, and when he mentioned the subject to me I told him that if he had a worm I had a sure cure if he wished to try it. He consented, and I prepared a dose of Tanret's pelletierine, which he took, and in less than two hours passed a large tapeworm, which cured his "cancer."

Sulphate of Hydrastia.

R. A. HASBROUCK, M. D., Salt Lake, Utah.

I remember well the first crystals of this remedy that came into my preceptor's office, and to-day it is just as

striking as it was then when I had the pleasure of studying Eclectic medicine before our National organization had

become an auxillary to the American Medical Association.

Since then things have changed some, men more, but sulphate of hydrastia is as efficient in curing gonorrhoea in male or female as the day it was first put on the market.

After using this agent in the treatment of the above disease for about twelve years, I am going to recommend it as a safe and speedy remedy. If you have not used it in these cases and want to try it, then buy the William S. Merrell Co.'s make and you will not be disappointed.

Ordinarily ten to twenty grains in six ounces of water is sufficient for an acute attack of the disease. Should this prove too strong it can be reduced to suit the case.

In inflammations of the conjunctiva, whether in the new born or adult, sulphate of hydrastia in my hands has proved to be a very valuable agent.

In case of granulated lids, where other treatment had failed, a few drops of a solution of Merrell's preparation dropped in the eyes four to six times daily has cured stubborn cases.

It may be well to say that in the treatment of gonorrhoea, where the bladder becomes affected, it calls for special treatment which yields to tincture of gelsemium and hydrangea. Sometimes oil of sandal wood is used, but the less of these vile oils and balsams the doctor puts in his patients' stomach the more he is blessed by his patients. In the treatment of all diseases the closer we hold to Eclectic remedies the better our success will be; therefore, the more we study the cure of disease and the effects of remedies the more good we shall do suffering humanity.

Medical Societies.

The National at Portland.

Space will not permit a report in detail of the recent meeting of the National, nor is it at all necessary, as the minutes in full will appear in the Transactions, a volume that will go into the hands of every live Eclectic.

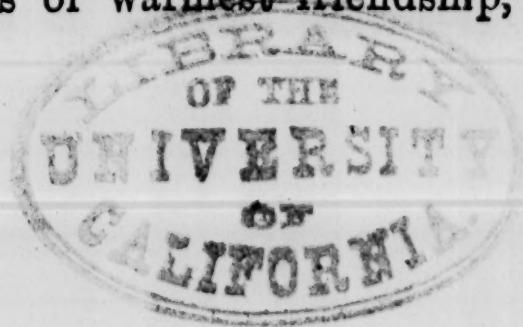
Suffice it to say, that the program as announced in the Souvenir Book was closely followed, except that from the wealth of papers it was found necessary to read many by title; no time was allowed to go to waste, and from start to finish the meeting was a happy, wide-awake, rattling success.

Among those present from the East and from the West were a dozen members of our Alumni Association, and when it was announced that Professor Maclean had been elected President for the next year the walls rang with our college yell:

'Rah! 'rah! 'rah! Who are we?

We are, we are, C. M. C!

The three following articles concerning National affairs, kindly written for Our Journal by prominent Eclectics, will give those who were not there a faint idea of what they missed by not being present at the great meeting of Eclectics at Portland, Oregon, June, 1896, that began with a wedding, ended with a feast, continuing meantime for three days amid scenes of warmest friendship, softest



sunshine and biggest, sweetest, reddest roses.—Ed.

Notes of the Trip to the National.

By H. T. Webster, M. D., Oakland, Cal.

Balboa's conception upon his first view of the western ocean must have been widely at variance with those of the unseasoned voyager upon his first trip to Portland in June. Then the trade winds are blowing and a "pacific" ocean is the last condition of affairs to be expected.

An hour or more from San Francisco a stiff nor'wester met us, and before we had rounded Point Reyes a heavy swell was on, our staunch steamer riding the crests of mighty seas in a way suggestive of the familiar seesaw of juvenile days. The wind whistled through the rigging, combed the crests of the waves into froth and spray, and soon the ocean expanse was a wide waste of seething, boiling, tossing water, through which our vessel tumbled with more speed than comfort, her decks slippery with spray from dashing breakers, and most unsteady withal. Then began that unpleasant gastric suggestiveness of impending disaster, and many a pallid face put on a bold front for a time, to afterward suddenly disappear from sight for many hours. A few laughed and joked over their misery, while they alternately paid their tribute to Neptune over the rail; but the great majority sought the seclusion of their staterooms and bunks—to suffer unseen. The gong sounded for dinner

soon after we passed out the Heads and all did ample justice to the generous fare, but the steamer had crossed the Columbia bar on the third day before everybody had eaten again.

After all, this trip possesses its charming features. The steamer remains within sight of land throughout the voyage, and the coast line presents many attractions in variety of landscape and rugged front. Isolated rocks rise abruptly near the track of the steamer in some places, and occasionally one is thickly inhabited with sea lions, creatures always more or less interesting to the ordinary landsman. As evening draws near, the sportive whale comes to the surface to sprout and frolic, sometimes leaping almost entirely out of the water. These monsters of the deep treated us to a free exhibition on our outward voyage on the evening of the second day, a school of seven or more of them, one of which must have been more than forty feet in length, frolicking near the steamer in plain view from the deck.

The bosom of the Columbia river affords a blessed calm to the ocean-tossed voyager. Modern engineering has rendered the Columbia bar a safe and easy inlet, where once there was always cause for dread. Jetties, similar to those guarding the mouth of the Mississippi, preserve the channel from drifting sands, and the pilot knows where the deep water is always to be found. Once over this, the majestic Columbia, spreading its placid water between verdant banks, miles apart in many places, rolls downward toward the sea. Astoria, the salmon

metropolis, appears on the right, soon after the bar is passed, and then we follow the windings of mighty waters for ninety miles inward, past ever changing scenery, from lofty mountain to lowly plain, from tangled wild-wood and sylvan solitude to smiling scenes of domestic thrift and comfort, from salmon fisheries to busy logging camps and buzzing saws, all set in verdant green, under pleasant sunshine.

A few miles below Portland we left the Columbia and swung into the picturesque Willamette, upon the right bank of which we soon discerned the city of the northwest in the distance, our boat docking just as the shades of night were closing in upon the third day of our departure (Sunday). Here we found the railroad California delegation to the National, comfortably ensconced at The Portland, the leading caravansary of the city, full of enthusiasm for the coming event. The delegation was not what had been promised in numbers—it never is—but it was enthusiastic as one could imagine.

The Oregon State Society was also well represented, and the following day (Monday) witnessed several sessions of great interest and profit under its auspices. It generously opened its hospitable arms and took into fellowship, not only the members of the Eclectic Medical Society of California present, but all other visiting members of the National then on the ground. Telegrams announcing the near approach of the Eastern delegation reached us and we all retired with the

conviction that the following day would witness the opening of a momentous occasion for Eclecticism on the Pacific Coast.

At six o'clock the following morning (Tuesday) the delegation from the East arrived, and the important events of the day were initiated with a wedding ceremony, solemnized in the rooms of Pacific Coast delegation at The Portland. Dr. Wm. B. Church was the happy groom, and the bride is only known to many of us as Mrs. Wm. B. Church, certainly a most estimable lady, to say the least. Thus auspiciously opened, the day passed off pleasantly and profitably at the Chamber of Commerce in the routine of National work. The Eastern delegation was not in size what had been promised, but it was made up of the bone and sinew of the country. There were Bloyer, Lloyd, Scudder, Wintermute and Thomas of Cincinnati; Whitford, Farnum and Kinnett of Chicago; Younkin and Standlee of St. Louis; Russell of Springfield, Ohio; Gemmill and Cook of Forest, Ohio; Pond of Aurora, Ill.; Johnson of San Antonio, Texas, and many other giants. Some who had been enthusiastic until the last moment had flunked, plead press of business and other excuses, and finally staid at home.

Those who staid way missed the most profitable and harmonious gathering the National has ever known. So say those who, from long attendance, are qualified to pass judgment. There was no bitterness; the sessions were eagerly attended, and the papers read were characterized by great prac-

tical value, and were discussed in a highly profitable manner by many of those present. The Washington delegation, unfortunately, was not admitted on account of some irregularity in their credentials, a matter to be regretted, as several desirable members were thus lost to us. It is to be hoped that within the coming year they will reorganize their State society and prepare to be properly seated at the coming meeting in Minnetonka in 1897.

Hospitality reigned in Portland during our stay. The well-known firm of Parke, Davis & Co., through its genial representative, Mr. Holden, provided a free excursion by electric cars to Oregon City, beside Willamette Falls, about fifteen miles above Portland, where massive machinery is turned by water power to generate electricity for lighting and propelling many industries in the cities of the northwest. Here also are large paper mills, where wood pulp, sawn and ground from logs floated down the river from above, is converted into paper for the intellectual illumination of the world. One can hardly imagine until he has been on the ground what a wonderful country Oregon is—what a world of fertility in resources it possesses. Among other hospitalities that of Mr. Stearns of the Oregon Immigration Bureau must not be forgotten. Every day of the meeting he was in the hall with beautiful, fragrant roses for the desks and buttonholes of the members.

Royal and charming hospitality also reigned at the elegant home of Dr. David Rand, in whom many Oakland-

ers retain an interest on account of old associations. Himself and wife united in making all who called on him comfortable and happy. One of the most pleasant reminiscences of the visit to Portland was a visit to St. Vincent Hospital, under the guidance of our quondam Oakland boy, now prominent among the medical men of the great northwest.

The last day of the National (Thursday) was followed by an evening entertainment (banquet) "given by the East to the West." Prominent among the interesting ceremonies of this occasion was the presentation to Dr. Pitts Edwin Howes of an elegant gold watch by Professor J. U. Lloyd, in behalf of the members of the excursion party from the East, as a token of appreciation for his services in conducting them so successfully thus far on their rounds. Professor Lloyd's remarks were highly eulogistic and nearly overwhelmed Dr. Howes, who was completely surprised. Numerous toasts were proposed by Dr. Boskowitz, toastmaster, and responded to by different post-prandial orators present, including Joaquin Miller, one of the specially invited guests.

The following day witnessed an excursion to The Dalles over the Oregon Railway and Navigation Company's road, and that evening the bulk of the visitors to the National bad adieu to Portland for many a long day, a few remaining to return to San Francisco, by steamer, which left the following Sunday evening.

Probably there has never been more earnest work done by officers of the



National than that accomplished by the administration just past. President Bloyer has been handicapped in many respects, but his indefatigable efforts to make the Portland meeting a success under difficulties cannot but redound to his lasting credit, for all present voted the success complete. Though my predictions of several months ago as to attendance were completely justified by results, I must admit that there has not been the least semblance to a fizzle at any time in the history of '96. Dr. Curry, of those who so enthusiastically voted the meeting to Portland in last year, was on the ground to assist in carrying out its issues. Of some of the others, the question naturally arises, "Did they send it out here to die of marasmus?" If so, we can inform them that there was a lively corpse left at the wind up.

More than National issues have been subserved as a result of that action. California and Oregon have cemented their friendship; for the visit of the Oregon delegation during the past winter to our State society was but the beginning of a more intimate friendship, which shall finally unite the Pacific Coast in a complete Eclectic brotherhood.

The electoral college did itself proud by electing our Professor D. Maclean, M. D., to the Presidency, an honor which the Pacific Coast highly appreciates, and which it will remember with future loyalty and zeal. To all the Eclectics of the great East, Pacific Coast Eclecticism sends its best greeting.

The Recent "National."

W. E. Bloyer, M. D.

Editor California Medical Journal—
In reply to your question, "What, in your opinion, has been the most important work of the Portland meeting of the National Eclectic Medical Association?" I will say that in my opinion it is the joining of hands of the East and West. I believe that the contact with our Pacific Coast Eclectics at Portland will be the beginning of better times in many respects for the National. The western slope of the Rockies is an unworked field as far as the National is concerned. And the work done by the Western contingent at this meeting proves to us that Eclecticism has in it a territory as fruitful as is the great region from which they come. The Western gentlemen did great work at the Portland meeting, and they did not have an opportunity to show half of their strength, either in numbers or in their ability to write papers. They were of necessity compelled to read many of their best papers by title. The coming Transactions will speak for the Pacific Slope Eclectics. Beside these features there were added nearly forty new members from the slope, all of whom it is hoped will keep alive their membership.

Beside this, the excursion of the Eastern Eclectics to and from Portland has brought the school into greater prominence, with both the railroads and the great hotels and the people generally, with whom they came in contact in their great and eventful journey. Sixty or seventy people trav-

eling across this great country, as did this party, will do much for the school. No movement of the kind was ever made before, and already the great railroads of the country are interested in a movement toward the Mecca of Eclecticism—the National for next year.

Another important move made at Portland was in making the annual dues \$5 a year instead of \$3. Although the debt was very materially lessened the past year, there still remains a debt, which it is hoped to wipe completely out in the coming year, and then the institution will be upon a sound financial platform, that neither a gold or silver plank will disturb.

Another and a very important fact emanating from the Portland meeting is that the future is clear. No clouds of disturbance and distrust hovered over this meeting, and in this particular it was a great success.

And still another important feature proven by the Portland meeting is the heretofore unascertained resources of our school in the way of papers and contributions to convention work and the high medical plane of such contributions.

The National at Lake Minnetonka.

D. Maclean, M. D., San Francisco, Cal.

Managing Editor, Our Journal—

You ask, "What in your opinion will be the most important work of the next meeting of the National?"

At the next meeting of the National, beside the usual medical and surgical

papers, there are two important matters to consider.

The first is to raise a sufficient sum of money to place the association out of debt and relieve it of all financial embarrassments. No individual or corporation can be independent that is burdened with delinquent bills. The National will leave Minnetonka next year owing no monetary obligation and have a surplus in the treasury to promote the good work.

The second is increase of membership, which bears a close relationship to the first, for by increasing the membership funds are accumulated. There is a lack of responsibility among our physicians as to their duty to their State and National organizations. Their consciences need awakening. It is to be deplored that less than 5 per cent are members of the National. A crusade should be preached by all our medical journals calling on our physicians to gather at Minnetonka next year and increase our membership to at least one thousand.

The Massachusetts State Society.

The Massachusetts Eclectic Medical Society held its thirty-sixth annual meeting at The Thorndike, Boston, Mass., Thursday and Friday, June 4th and 5th. The program was as follows:

First Day—Reading records, report of Treasurer, reports of committees, election of officers, action upon amendments relative to the admission of women, report of special delegate to the National, lunch.

Essay, "Best Way of Educating the People to the Prevention of Disease,"

Alexander Wilder, M. D., Newark, N. J.

Symposium on Gynæcology—Drs. John Perrins, Darius L. Powe, P. S. W. Geddes, Nathan L. Allen.

A meeting of the Boston District Society was held in the evening, dinner being served at 7:45. All members of the State society were invited.

Second Day—Essay, "The Practitioner," Professor G. W. Thompson, M. D., New York City.

Symposium on "Summer Diseases of Children," Drs. R. A. Reid, E. Edwin Miles, Augustus L. Chase, E. Edwin Spencer.

Essay, "Passiflora Incarnata," L. S. Jagers, M. D., New York City.

Oration, 1 P. M., Medical Societies. Annual dinner, 2 P. M.

Meeting of the Executive Committee.

Surgical Treatment of Retro-Deviations of the Uterus.

Dr. Augustin H. Goelet of New York City, in a paper presented to the New York State Medical Society, believes that many of the operations designed for retro-deviations of the uterus are unnecessary and irrational. The objection to Alexander's operation is the time it consumes and the prolonged convalescence it entails. Both ventro-fixation and vaginal fixation substitute an abnormal position and leave the organ fixed. When the uterus is movable, opening the peritoneal cavity to overcome a displacement is not justifiable if a cure can be effected without it. This should, he thinks, be re-

served for those cases where the organ is fixed in an abnormal position by firm adhesions which cannot be otherwise overcome, and in these cases the uterus should be suspended from the anterior normal position of ante flexion and it is fairly movable.

Vaginal fixation has been given undeserved attention in this country. Its originator, Mackinrodt, has abandoned it. When it is more generally known that the fixed abnormal position which results, offers a serious impediment in pregnancy when it supervenes and complicates labor, it will cease to be recognized as a legitimate procedure.

Where the uterus is movable, Goelet dilates carefully, cures the cavity and inserts a straight glass drainage tube which serves the purpose of a splint and keeps the uterus straight. The vagina is then tamponned with iodoform gauze in such a manner as to throw the organ temporarily into a position of anteversion. Subsequently, a vaginal pessary is made to take the place of the tamponade. The tube is retained in the uterus for a week, during which time the patient is confined to bed, but is removed every day and the cavity is irrigated to remove mucus and clots which may be retained. When the patient is permitted to get up, the tube is permanently removed and a vaginal pessary is employed for a while to maintain the uterus in a correct position until the normal tone of its walls and supports is restored.

When the adhesions are not very firm or extensive they are broken up by manipulations under anæsthesia

without opening the peritoneal cavity, and the case is then treated as one of movable displacement.

This seems a rational procedure since it aims at a cure of the metritis and endometritis, the maintaining cause of movable displacements; re-establishes a normal position of the uterus and leaves it movable. It is entirely free from risk if thorough asepsis is observed, and requires only a week's confinement in bed.

The uniform success which this plan of treatment has afforded in his hands leads him to believe that the other more hazardous and complicated operations designed for retro-deviations are generally unnecessary.

Ingersoll's Hobby.

I want the people who are well off to pay the taxes. I want the law to exempt a homestead of a certain value, say from 2,000 to 1,500 and to exempt it, not only from a sale on judgment and execution, but to exempt it from taxes of all sorts and kinds. I want to keep the roof over the heads of others when the man himself is gone. I want that homestead to belong not only to the man but the wife and children. I would like to live to see a roof over the heads of all the families of the republic. I tell you it does a man good to have a home. You are in partnership with nature when you plant a hill of beans. When you set out a tree you have new interest in this world. When you own a little tract of land you feel like you and Jehovah were partners. All these things dignify human nature.

Alumni and Personal.

DR. DORA M. HAMILTON, Editor

Communications for this department should be addressed to its Editor, 1422 Folsom Street, S.F.

'Rah! 'rah! 'rah! Who are we?
We are, we are, C. M. C!

What's the matter with Maclean?
He's all right, you bet!

Who is Maclean? Dean of the California Medical College.

What is Maclean? President of the Eclectic National Association.

Hurrah for the California Medical College!

Hurrah for California!

But, dear Alumni, we are sure they must have recognized at once the great State that the C. M. C. represented, and that a college that could send out such people and have such a man for its Dean, must be also great.

We hear that the old college was not only represented by its professors in goodly numbers, but there were many graduates at the meeting. It makes us stay-at-homes feel very badly to think we missed the trip—the pleasant Eastern people, those very nice Oregon friends, the National and last but not least the wedding.

There was a special meeting of the Alumni called at Portland and a vote of thanks tendered the Oregon doctors for their kindness to all and their efforts to make all have a general good time.

The Alumni were ably represented by the following doctors:

M. H. Logan, Class of '81, F. Sage,

Class of '84, C. N. Miller, Class of '88, Carrie L. Cook, Class of '92, E. H. Mattner, Class of '94, San Francisco.

James Surman and Mae H. Cardwell, Class of '82, J. A. Kuykendall, Class of '96, Portland.

F. P. Mitchell, Class of '85, Redding.

H. B. Mehrmann, Class of '85, Oakland.

F. V. Wall, Class of '91, Valley Springs.

J. M. Cain, Class of '93, Halsey, Oregon.

The professors' wives who accompanied their husbands on the trip were: Mesdames M. H. Logan H. T. Webster, A. E. Scott, H. B. Mehrmann, E. H. Mattner.

Professor Church of Oakland rather stole a march on his friends by being married at the California headquarters, the Hotel Portland, as an opening for the National. Mrs. Church is a very pleasant Eastern lady, who came across the continent with friends among the Eastern delegation to meet the professor in Portland. Professor and Mrs. Church, the Alumni tender congratulations.

Professor Schmitz has been rusticated in Marin county for a few days. He said he had a very pleasant time, but he says it was awful dirty.

Dr. John Purvis of Howards, Sonoma county, was at Bologna, Marin county, for a week's stay.

The Class of '96, so far as we have learned, have located as follows:

Dr. G. L. Coates, Sherwood, Texas.

Dr. J. M. O'Byrne, Polk street, San Francisco.

Dr. W. D. Coates, Junction City, Cal.

Drs. Ormsby and Enos, together at Haywards, Cal.

Dr. F. N. Folsom, La Porte, Cal. Dr. Folsom had quite an unusual experience for a young M. D. He arrived at La Porte one day and was called to see a lady with a cancer of the breast. Not having his instruments with him, as he had not decided to locate there, the doctor brought his patient the next day to the Maclean Hospital, San Francisco, and removed the cancer, resulting in the patient's recovery. Pretty good for a young graduate, we think; also a very fine showing for the California Medical College. The doctor is one of many just such good men from the C. M. C.

Last month the class record of '81 was crowded out by other matter. We have not received one answer with regard to this class, so can only fill out those with whom we are acquainted.

Class of 1881—The class graduated while the college was still in Oakland. D. Maclean was the Dean. Its members were as follows:

Mrs. Dr. A. N. Avery, Oakland.

Archer S. Cook, M. D., now located at 621 Sutter street, where he and his wife are doing a successful practice.

M. H. Logan, M. D., 101 Grant avenue, San Francisco, Professor of Chemistry in the California Medical College. The professor has a fine city practice, a handsome home in the city and a summer home at Belvidere.

E. J. Lomax, M. D., Stockton. Practicing, we believe.

S. M. Meeker, M. D., Santa Cruz.

James G. Murrell, M. D., Tracy.

J. P. Schmitz, M. D., Professor of Physiology in the California Medical College and author of a work on physiology. Practicing in San Francisco, has a fine home in the Mission and offices at 1422 Folsom street.

Max H. Shultz, M. D., address unknown.

Joseph W. Thomas, M. D.

J. P. Webb, M. D. Mrs. Webb was a successful physician of Oakland. She died in 1890 of tumor on the brain.

From the following, we must score one for Dr. Walsh:

Editor of the Alumni: I am at present located a short distance from San Francisco—in Nevada county—as you are probably aware.

The town of Washington, my stamping ground, in size does not amount to much, not over two hundred inhabitants at the outside; but the mines throughout the surrounding country make it a good location.

I have secured the appointment of physician and surgeon to three mines, and expect two more within another month.

I have only been here a little over two weeks, but I have had some lively experiences in the practice of medicine already. I will try and contribute a few of the minor surgical accidents—that is, I will not contribute the accidents, but my treatment of them, to the Journal before long.

A patient I treated four days died,

not from the effects of the treatment, of course, but from delirium tremens. He imbibed on an average one-half gallon of whisky a day for over three months, and I was called to stop hemorrhage from the kidneys, which I succeeded in doing. But how is that for whisky drinking?

Please have the California Medical Journal forwarded to my new address.

Give my regards to all the Faculty and friends. Yours sincerely,

Dr. F. D. Walsh, '95.

Picturesque, But Dangerous.

Is it proper to gaze, with a sentiment tender,

On landmarks our reverend forefathers made;

But it's hardly in season to be a defender of the time-stricken pump with its nozzle decayed.

The iron-bound bucket we cherish sincerely,

But earnest devotion must suffer a slump When we think of the microbes that wiggle so queerly

In water that flows from the old-fashioned pump.

'Tis a figure romantic, and well we might keep it,

If people would simply admire and not taste,

But think of the water! What dust-clouds must sweep it!

How it patiently stands and absorbs every waste.

'Tis a blissful retreat for the typhoid bacillus;

A place where bacteria scurry and jump; It is nice for the germs, but 'twill certainly kill us

To keep on good terms with the old-fashioned pump.

—Washington Star.

How dear to our hearts is the cash on subscription

When the generous subscriber presents it to view;

But the man who don't pay—we refrain from description,

For perhaps, gentle reader, that man might be you.

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Expression is essential to growth. We cordially invite all Eclectic physicians who would keep abreast with the times to make frequent use of our columns.

To insure accuracy, employ the typewriter when possible. Otherwise prepare manuscript with care, re-writing when necessary; be kindly thoughtful of the Editor and compositor, and do your own drudgery—time is money.

This JOURNAL will be issued on the first day of the month.

Let all communications be addressed, and money orders made payable to the

CALIFORNIA MEDICAL JOURNAL.

1422 Folsom Street,

San Francisco,

California.

Editorial.

The National.

The Portland meeting was a success in numbers, in finance and the excellency of the papers presented. Considering that the meeting was held at the extreme west of the country, where Eclectics are not as numerous as in the East, the attendance was creditable. Oregon had but few Eclectics. Their energy and enthusiasm, however, made them appear as numerous as a host.

Washington had but few representatives, but it is to be hoped that by the next meeting of the National their

little differences will be adjusted and a larger representation obtained.

California, as was to be expected, did well. A fair representation was present. Many at the last moment concluded to remain at home, while others through business engagements were unavoidably detained. Of the one hundred new members added to the rolls, California furnished twenty-seven, the highest quota furnished by any one State.

The East had representatives from from fourteen different States. Considering the distance and expenses attending the trip, the attendance was as large as could be expected. Not all the great men of the East were present, but there were none greater left East of the Rockies than graced the Portland meeting with their presence.

The South was ably represented by Johnson of Texas, who deserves special mention for his devotion to the association in his constant attendance at its meetings. He was the Solid South.

The meeting was harmonious. The best of feeling prevailed. The whole aim of the membership, singly and collectively, seemed to be to do good work and promote the interests of Eclecticism. The work of the retiring President for the past year inaugurated new life into the association. It is now only necessary to pursue the course laid down by him to insure a grand success. There must be no wavering to the right or to the left, but keep in the middle of the road that leads to honor, respect and good fellowship.

Short Articles.

There is room in Our Journal to give all coast Eclectics frequent opportunity to report their work ; if not, room will be made.

We should like to have more papers, and as a rule to have them a little shorter. It is hardly possible for a physician to keep up with the times who does not frequently use his pen.

Without the study and thought and mental stimulation afforded by preparing articles for print, one is almost sure to fall into ruts that become worn deeper and deeper, until presently the effort to get out is too great to be made, and the physician becomes, in compensation, self-satisfied and soon finds himself a back number. Send along short articles, and more of them. Everybody write.

Is Disease Wrong Life ?

Yes, but the simple statement that "Disease is wrong life" is hardly a satisfactory or scientific definition of the term "disease."

A person suffering from this "wrong life" cannot work as effectively, play as heartily, perform the varied duties of life as successfully nor profit by its joys so richly as one who is well. He is sick, diseased. That is, by our definition, disease is wrong life and "wrong life" is disease, which simply amounts to saying that disease is disease.

Probably when medicine becomes a science it will rest upon a broader foundation than that.

Ancient astronomy was built upon

the proposition that the world was flat, and that the sun and stars revolved around it ; as a result ancient astronomy was not scientific.

Who can give us a scientific definition of disease ?

Officers of the National.

President, D. Maclean, M. D., San Francisco, Cal.

First Vice President, G. W. Johnson, M. D., San Antonio, Texas.

Second Vice President, T. W. Miles, M. D., Denver, Col.

Third Vice President, Harriet C. Hinds, M. D., Orange, N. J.

Recording Secretary, W. E. Kinnett, M. D., Yorkville, Ill.

Corresponding Secretary, Pitts Edwin Howes, M. D., Boston, Mass.

Treasurer, W. T. Gemmill, M. D., Forest, Ohio.

The next meeting will convene on the third Tuesday in June, 1897, at Lake Minnetonka, a charming summer resort five miles from Minneapolis, in the State of Minnesota.

Free Silver.

Dear Editor: I recently received an invitation to join the International Medical Congress, soon to assemble in Mexico. The invitations gave the price of membership as \$5, *payable in gold*.

That sounded queer coming from a country claimed to be enamoured of free silver, so I visited the counting room of a prominent money brcker on Montgomery street, in San Francisco, and asked: "What will you pay for

five hundred Mexican silver dollars?"

He replied: "If they be new, or as good as new, not worn, I will pay you *fifty-three cents* apiece for them."

It was no longer difficult to understand the reason for the above clause, "payable in gold." M. D.

The Medical Sentinel, Portland, Oregon.

The representatives of Our Journal, while at the National, were served with an elegant dinner at the Commercial Club-rooms by Dr. H. W. Coe, the genial editor of the Medical Sentinel.

The doctor is a staunch regular, but thinks the world is wide enough to afford a pathway for all who know whither they are going. The Sentinel has Our Journal's fond remembrance.

Rush Medical College.

Professor Edwin Klebs has been elected to the Chair of Pathology in Rush Medical College, Chicago.

This college has recently been recognized by the Examining Board of the Royal College of Physicians and the Royal College of Surgeons of London, England.

This recognition entitles its Alumni to all the privileges accorded to the graduates of other institutions recognized by that Board.

The Fall Meeting.

The twenty-second annual meeting of the Mississippi Valley Medical Association will be held at St. Paul, Minn., October 20, 21, 22 and 23, 1896. The largest meeting in the history of association is promised.

Publisher's Notes.

Rhamnus Californica.

C. E. Worden & Co. of San Francisco had a fine exhibit of their valuable preparations at the Portland National.

The Rhamnus Californica, the new remedy for rheumatism, and Malto Fer, a valuable new wine tonic, attracted particular attention.

Our Journal is under obligations to their efficient and popular representative, Mr. F. C. Mitchell, for many courtesies extended during the short but pleasant campaign.

Antikamnia.

Attention is called to the original ad. of the Antikamnia Company. It will be seen that the "sign is right" for giving this reliable remedy every day in the month.

Kola-Koloid.

Editor Prescription—In a late issue of the Prescription, Dr. Johnson calls attention to the use of Kola-Koloid in a case of melancholia. Although I have never used it in cases of insanity of that nature, I have repeatedly seen a marked effect in the amelioration of those minor cases of melancholy called the "blues." Frequently after a single dose the whole moral atmosphere will be changed. The preparation, one of Theodore Metcalf Co.'s, has a wide therapeutical range, being applicable in a large number of cases where mental or physical exhaustion are prominent symptoms. I have had oc-

casion to test its value in my own case during the past year.

There never was a more comprehensive description of la grippe than the hibernianism. "It is a disease where you feel worse when you are getting better, and it takes six months to get well after you are cured." Those who have had a personal experience with the disease can appreciate the truth of it.

After an attack of grippe I found nothing in the nature of a tonic and stimulant which acted so beneficially as Kola-Koloid. This combination has greater efficiency than any other, and what is of great importance, no drug habit is engendered. When the necessity for its use is past it can be discontinued at once.

W. E. Anthony, M. D.

Providence, R. I., May 14, 1896.

Chronic Gastritis of Long Standing, with Periodic Attacks of Migraine.

The herewith reported case is one of double interest, inasmuch as the patient has been under my care for a number of years, and previous to the commencement of the present treatment I have been unsuccessful in affording much relief or preventing the recurrence of the frequent and periodic attacks of migraine, to which she had been more or less subject to since early womanhood. The cause of which I could not account for more than "a habit long continued," aggravated by gastric catarrh.

The history of the case is briefly as follows: Mrs. A—, aged 55, since early womanhood has been subject to

periodic attacks of migraine at intervals of two, three and four weeks, but seldom free from them for longer intervals.

An attack comes on by general malaise of usually a day's duration, repugnance of food or drink, marked drowsiness, much depression with request for rest and quiet, followed by complete physical prostration, dull frontal headache, which the least noise or disturbance makes the more intense, invariably accompanied by violent and frequent attacks of vomiting and retching, inability to retain any food or nourishment of any kind, retention of bowels, often cold sweats, pulse somewhat slow and weak and small in volume. This condition lasting usually two days, followed by gradual cessation of symptoms.

During the whole period of usually four or five days' duration, she is unable to take nourishment of any kind, remains constantly in bed and desires only complete rest and quiet. The previous treatment has been so varied and on so many different plans, that I refrain from mentioning them.

Two years ago I was able to prevent an attack for over two months by the use of strychnine in 1-20 grain t. i. d. with careful diet and artificial digestive.

In May, 1895, I put her on Charles Marchand's Glycozone in teaspoonful does well diluted t. i. d., using this as all other previous remedies experimentally; she commenced to improve much in general health, an unusually good appetite, without the previous distressing symptoms following, a

more regular movement of the bowels, freedom from headache, and in every way a decided improvement; this improvement and enjoyment of good health lasted during the continuation of above treatment for over three months. Unknown to me she stopped taking the Glycozone, thinking herself perfectly well. In a few weeks had a return attack, milder and devoid of gastric distress. A similar attack two months later, both of which occurred some weeks after stopping the above described treatment, and I might say caused by imprudence in diet.

The conclusion come to in this case is that the headache is sympathetic; that the stomach becomes acutely inflamed by its inability to naturally and properly perform its functions, and responds to the call of nature to unload itself, and thus secure for a time rest; that the use of Glycozone has corrected the existing gastritis and by so doing has removed the primary cause of these many years of suffering.—George A. Curriden, M. D., of Chambersburg, Penn., in Philadelphia Medical Summary, March, 1896.

One of the Certainties of Medicine.

Belcher Hyde, M. D., of Brooklyn, N. Y., writes: "Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved. The literature is voluminous, and clinical reports from prominent medical men, with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections.

The fact stands incontrovertible that Antikamnia has proven an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. Antikamnia is one of the certainties of medicine. This is the secret and mainspring of its success."

Leucorrhea.

D. T. Hudgens, M. D., of Elizabeth, Ark., says: "I have used S. H. Kennedy's Extract of Pinus Canadensis in leucorrhea with very good results. I have had under my treatment Mrs S., aged 33 years, with anteversion of the uterus. I used the white extract per vagina as a local treatment for the leucorrhea, and the treatment was attended with success. I am satisfied that Pinus Canadensis should occupy a prominent position in our materia medica."

Rheumatism.

Mr. J., aged 35, a civil engineer, was troubled frequently with rheumatism in the left shoulder and side of neck and at such times could not move without suffering great pain. I was called in to treat a severe attack of this kind, which was also complicated with supraorbital neuralgia. I prescribed salol and coal tar derivatives with but little benefit. I then placed him upon Tongaline liquid, instructing him to take a teaspoonful well diluted every hour. Within twenty-four hours the pain had entirely left him and he soon made a complete recovery.

Gilman R. Davis, M. D.
Irontown, Ohio.

Book Notes.

ETIDORHPA.

The June number of the New Bohemian contained a second review of "Etidorhpa" by Judge Smith, and an illustration, full page, of the new face. The fifth edition of this remarkable book is just out, and the demand is still at full tide. Price \$2. Orders received by Our Journal.

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THE THREE ETHICAL CODES—That of the American Medical Association; Its Constitution, By-laws, Amendments, etc. That of the American Institute of Homœopathy and that of the National Eclectic Medical Society. Limp cloth, round corners, 55 pages, postpaid 50 cents. The Illustrated Medical Journal Co., publishers, Detroit, Mich.

By comparing the code of the Homœopathic Society with that of the American Medical Association it will be found that several sections of the former are similar to the latter's code. The Eclectic code is worthy of mention for its brevity.

—

A MANUAL OF ANATOMY. By Irving S. Hayes, Ph. B., M. D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University, etc. 134 half-tone illustrations and 52 diagrams. Price \$2 50. W. B. Saunders, publisher, 925 Walnut street, Philadelphia.

This manual gives special attention to visceral topography. It is fully illustrated with half-tone engravings, and presents a neat and attractive appearance.

How Sargent Writes.

That "essay writing is curst hard writing" is proved anew by the case of Lieutenant Herbert H. Sargent. Lieutenant Sargent is the cavalry officer who wrote the recently published "Napoleon Bonapart's First Campaign," which has been so highly praised in this country and Europe. In an interview he says:

I had never attempted to write anything for publication. Indeed, the first paper on the Italian campaign was written to be read at the post-lyceum. I soon learned that it is a difficult art to express a thought clearly on paper. I began the study of grammar again, and found myself delving into rhetoric and the construction of sentences. I gave special attention to force and clearness. I wrote Professor A. S. Hill of Harvard University whose book on "The Foundations of Rhetoric" was of great assistance in my study of the subject. The professor, in replying, stated that he had made it a practice to decline to read and correct productions of others, but in my case he would make an exception. He kindly consented to look over a few pages of what I had written and gave me a great deal of valuable advice.

The lieutenant said he rewrote his manuscript many times, always having clearness and force in view. "There are sentences which required two weeks for me to write." Even Rousseau worked hardly less patiently over his writing. That Lieutenant Sargent's labor paid is apparent upon reading the book.

—

N. W. Mallory, Crocker building, San Francisco, will furnish your office with anything from a safety pin to an elegant operating table.

ASEPSIN SOAP



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhus poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus ani, and had already tried with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with the intolerable itching, pricking, sticking, gnawing biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten.

PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

**LLOYD BROTHERS,
CINCINNATI, OHIO.**

digestive inertia

Functional Atony, or whatever one may call it, is often at the bottom of a case of Infantile Diarrhoea during the summer months. If the digestive juices do not properly convert the food it ferments in the intestinal tube.

Lactopeptine

by artificially supplying the necessary digestive ferments, prepares the ingested nourishment for absorption, thus aiding in the restoration of normal function.

**This is NOT THEORY, but
DEMONSTRATED FACT.**

Be sure, however, that it's Lactopeptine and not some inert substitute.

SEND FOR SAMPLES AND
LITERATURE:



NEUROPSINE THE STANDARD HYPONOTIC IN LIFE
treatment of Nerve Disturbances.